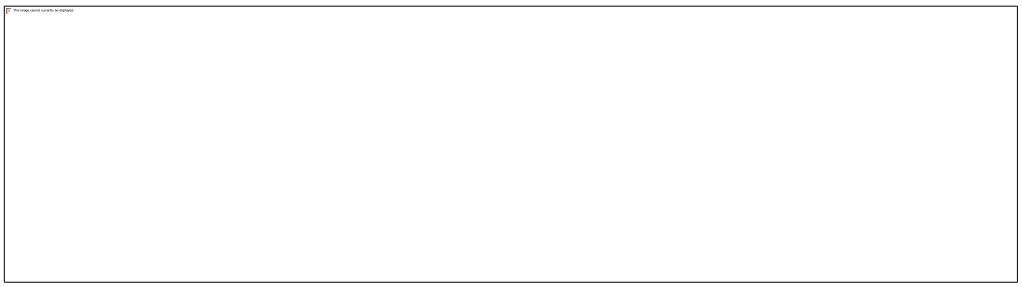

PACHSA'S Comments
Block Grant Outcomes

Human services administrators and their counterparts support the development of outcomes, measurement of indicators, and adjustments based on the information gathered and lessons learned. PACHSA applauds the Department of Human Services for moving forward with this effort. It is our hope that we not only achieve this goal, but that achievement and success is sustainable. Accordingly, PACHSA has reviewed the proposal and the associated material and provides the following comments. These comments are meant to be constructive and an aid in ensuring that this initiative is a success.

- ***Outcome 1: Counties experience a reduction in institutional placements***.
    - This does not appear to be an outcome unto itself; rather, it is a measure that may or may not demonstrate effective provision of service. If we incentivize a reduction in placements without providing additional community supports, we risk taking people out of treatment for the sake of achieving a goal.
    - While we agree with the premise regarding measuring a decrease in institutionalization, sometimes it is necessary, as is the case with addiction and ID treatment or support. A better measure might be community retention. What are the results of program's efforts to serve individuals and families within a community setting? Collectively, we may learn best practices to prevent institutionalization.
    - We must ask ourselves, "If institutional placements go down but suicides go up, did we really achieve a good outcome?" Similarly, a goal of reducing prison populations could be achieved by simply letting all the prisoners go free. While the measure has been met, we have failed to achieve a good outcome for the community.
    - Output measures do not necessarily indicate whether we are changing lives and making people safer and healthier.
- ***Outcome 2: Individuals/ Families have increased access to services within their communities.***
    - The goal of increased access is one which PACHSA supports, but those measures relate to things like increased transportation supports and elimination of wait lists not just number of appointments. If a local agency has a great program but a six month wait list, do we really have increased access?
    - Measuring access is something we can accomplish using output data (# of appointment kept and CFST results, etc.), but the measures are not complete if we only look at # of referrals and # of services. If we know most addicts relapse within 5 days of completing inpatient treatment, then having average appointments 7-10 days following treatment is not appropriate access. Both of the outcomes provided should be measured by

recidivism rates--how many people are kept out of a relapse based on a high quality service intervention (regardless of the intensity) and increased access to follow up services.

- Perhaps access is not necessarily something we wish to measure independently. Anyone can build programs but will they be effective and will people use them? The focus most be on measures of effectiveness; i.e. does the provision of home delivered meals have an impact on a participant's health status, their admission, re-admission to a hospital or other institution; does a homeless assistance program improve housing status, employment status. In other words, how does Outcome 2 relate to Outcome 1 and is Outcome 2 essentially a set of goals/objectives.

- ***General Observations***
  - We have concerns with what would be a "rapid" rollout. There needs to be a thoughtful and deliberate, yet long term approach. This must not feel like a project or an initiative that will change with the next change of administration. This needs to be a change in culture and how we work. If we simply put out measures you will likely find counties will try to achieve the goals to satisfy the requirement. And many will succeed, however this is not unlike "teaching to the test." Counties need to learn the skills of outcome analysis and not just achieve desired outputs.
  - A measureable outcome is an observable end result that describes how a particular intervention benefits or effects consumers, communities or the public at large. It can demonstrate a change in functional status, mental well-being, knowledge, skill, attitude, awareness or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way the service is delivered.
  - That said, there is an overwhelming amount of data that is being collected from various sources. What plans are they by DHS to develop a dashboard so that counties would have a simple way to access this information?
  - Departments such as ID, MH, D&A cannot year in and year out increase the number of consumers out of institutional placements and improve access to care with no additional funding.
  - Homelessness is noticeably absent. Why?
  - Most indicators relate to activities/programs etc. that are monitored by the county with the exception of SA where some of the information is provider-related, i.e., individuals report being asked to participate in service/treatment goals. Should some of those be under CFST responses?
  - While there is merit in this idea, it is important that whatever goals are agreed to can be met by counties especially given the budgeting processes. It is also important that whatever indicators are selected make sense and there is thought to when a goal is adequately achieved. A goal can't be that every year we serve more; especially without additional resources. Any goal has to have a point of achievement with the same resources.